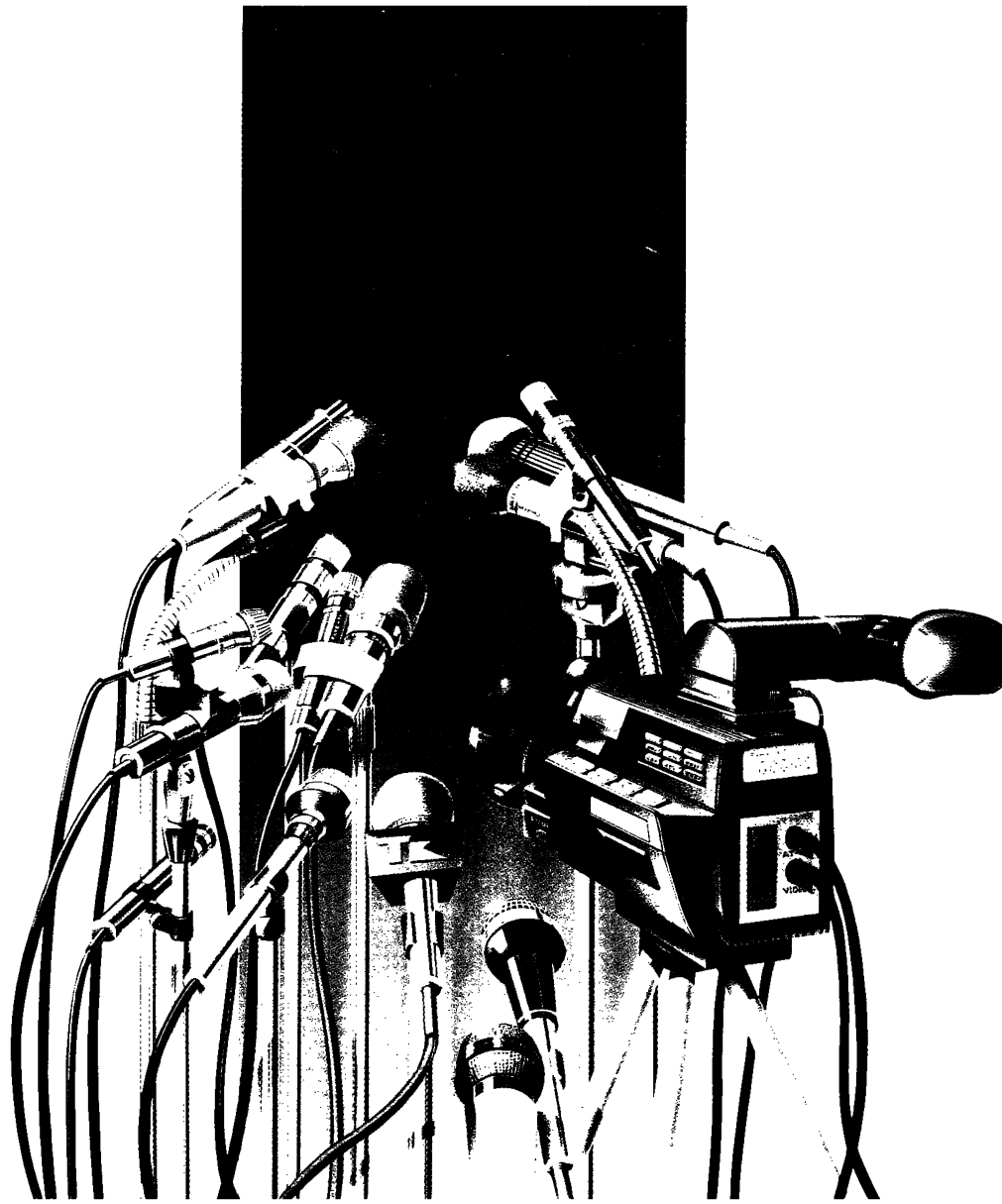
A great moment

now approved for the treatment of all forms of essential and renovascular hypertension.*



For the many hypertensive patients who may not be able to tolerate beta-blocker[1] or diuretic[2] therapy.

The world's #1
ACE Inhibitor

Innovators in
Cardiovascular Medicine

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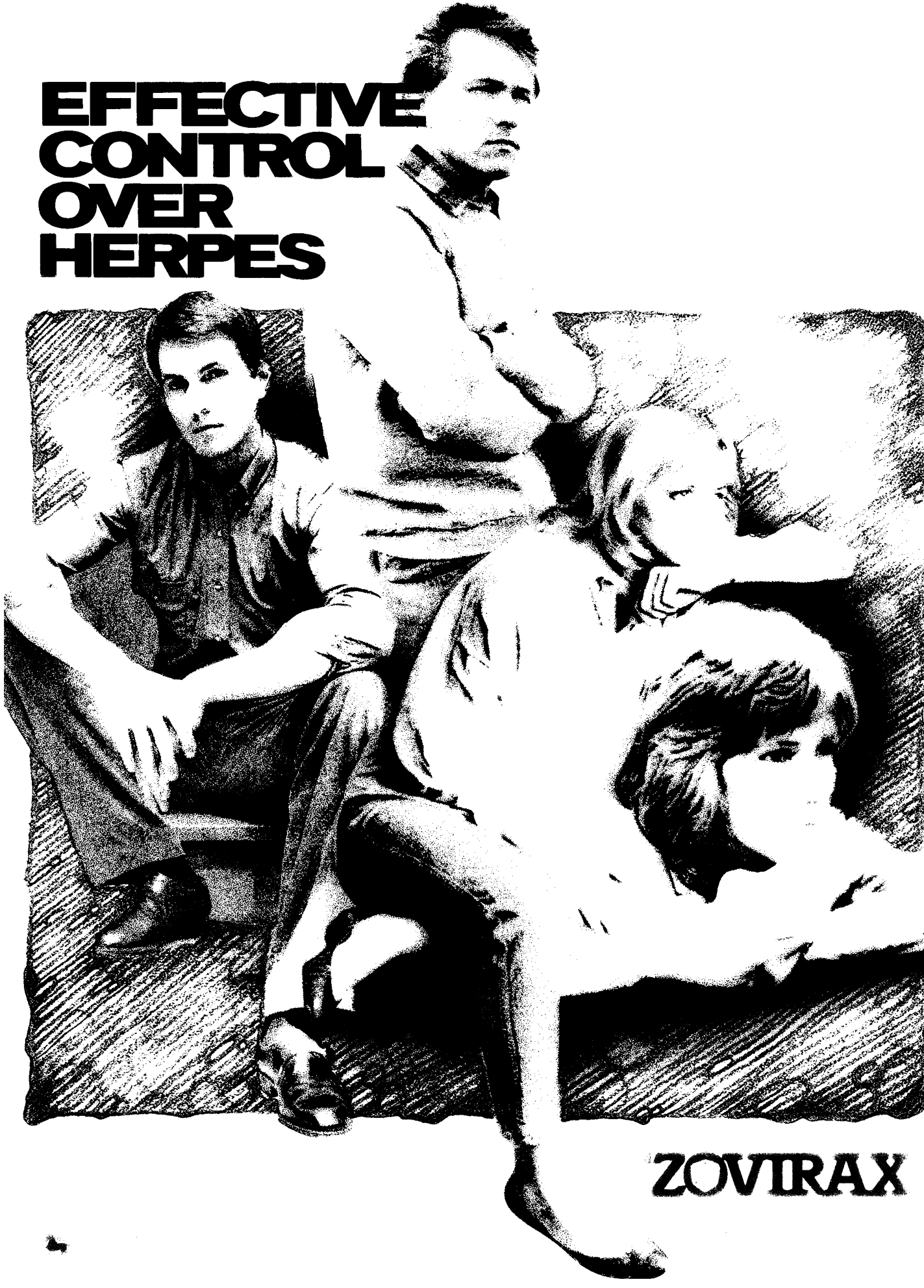

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NEW CORADUR.
Effective Isosorbide Dinitrate
in a sustained release tablet
which means your patients require
just 3 doses compared to four with
conventional nitrate therapy. For patients
committed to several medication schedules,
it's one less dose to remember. And it makes
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CORADUR in a 20 mg scored
tablet has been proven effective
with a good safety profile. Prescribe it
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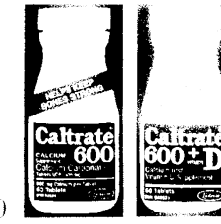
Most women do not get enough calcium and iron in their diet. New CALTRATE+ Iron fills this nutritional gap by providing both these important minerals in one tablet, which also makes compliance easier.

New CALTRATE + Iron has 600 mg of elemental calcium from calcium carbonate—the calcium salt with the highest concentration of calcium per gram—together with 125 IU of Vitamin D to aid calcium absorption, and 7.5 mg of iron from ferrous fumarate.

New CALTRATE + Iron helps prevent or retard the progress of osteoporosis as well as helping prevent iron deficiency anemia due to inadequate dietary intake. It's a natural companion product to CALTRATE® 600 and CALTRATE® 600 + D for your prescribing or professional recommendation. CALTRATE and CALTRATE + D are also available in pleasant tasting chewable form.



FOR ADDITIONAL INFORMATION, PATIENT GUIDANCE BOOKLETS, AND PROFESSIONAL SAMPLES, SEE YOUR LEDERLE REPRESENTATIVE

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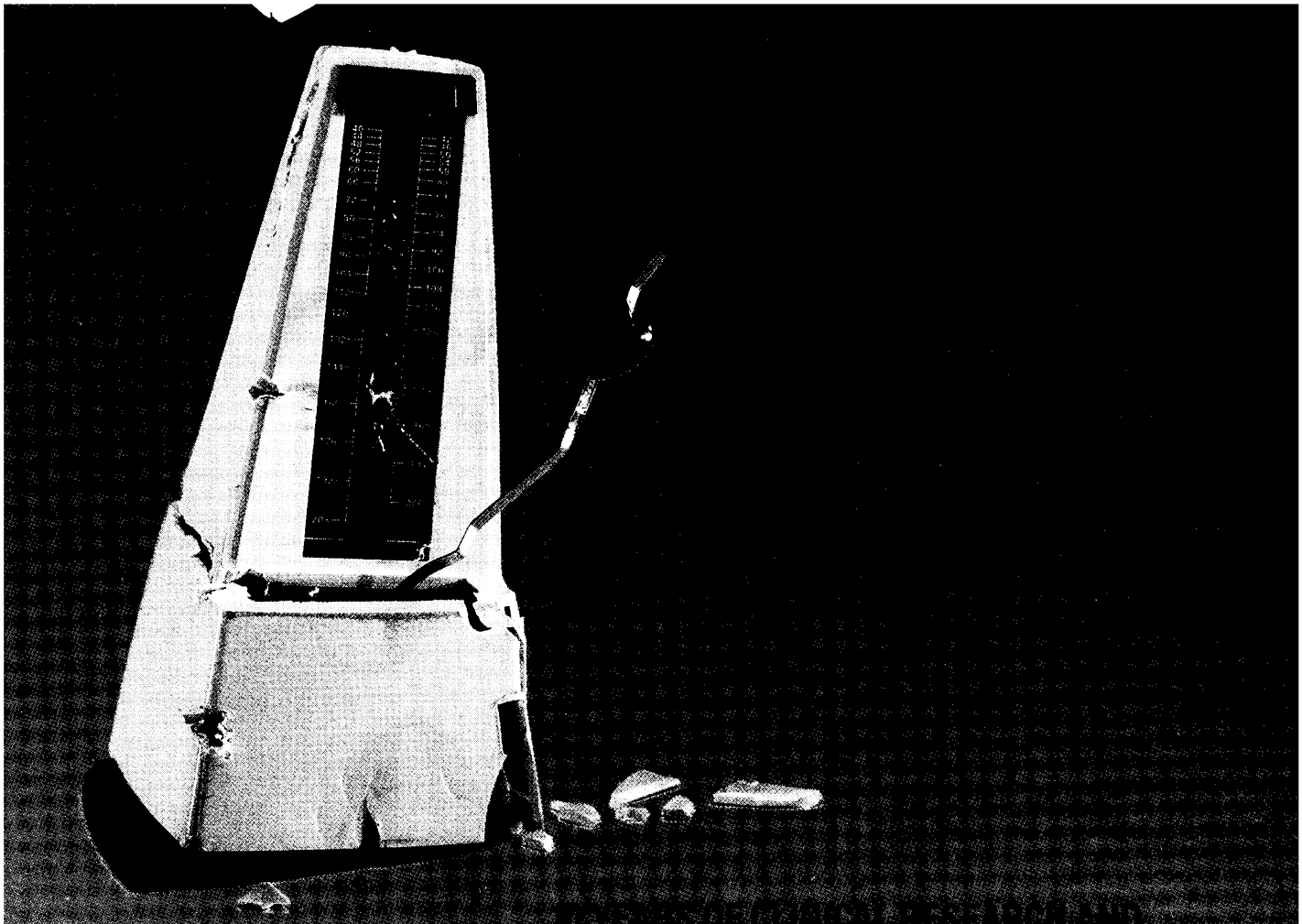

YEARS OF CLINICAL RESEARCH AND GROWING USE IN CANADA NOW ATTEST TO

(Mexiletine HCl)

Mexitil®

A first line pro-patient ventricular antiarrhythmic

Traditional antiarrhythmics claim to restore rhythmicity, but not one, not quinidine, not procainamide, nor disopyramide can boast a cleaner safety profile than Mexitil in terms of:

- Hemodynamic effects [1,2]
- Electrophysiological effects [3]
- Hematological effects [4]

In addition, Mexitil offers a degree of efficacy that is equal or superior to traditional antiarrhythmic agents [5,6,7]

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Cardio/Vascular

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Mexitil® First line pro-patient therapy

To be sure.

Be sure your ulcer patients receive the H_2 antagonist that lives up to these standards of efficacy and safety:

— Over 95% healing of duodenal and benign gastric ulcers.[1,2]

— "In most cases of duodenal ulcer and benign gastric ulcer, healing will occur in four weeks."[3]

— Better prevention of duodenal ulcer recurrence compared to cimetidine (Zantac® 150 mg hs versus cimetidine 400 mg hs).[4,5]

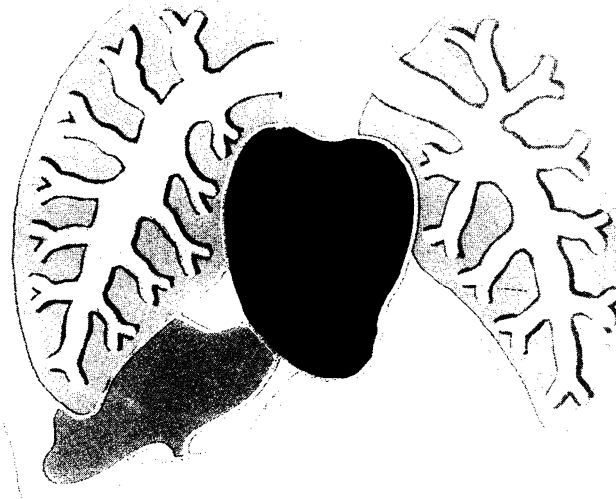
— No significant interactions with hepatically-metabolized drugs such as theophylline, warfarin, beta blockers, calcium antagonists.[3]

Prescribe Zantac – no substitution.

℗ Zantac®
(RANITIDINE HCl)
To be sure.

Glaxo Laboratories, A Division of Glaxo Canada Inc., Toronto, Ontario, Montreal, Quebec.

When they can't handle an aerosol,



have them take a breather and start again with a Rotahaler

Some patients don't feel comfortable using their pressurized aerosol bronchodilators.

Some are too young or too old to actuate the pressurized aerosol. The timing may be too tricky for others.[1]

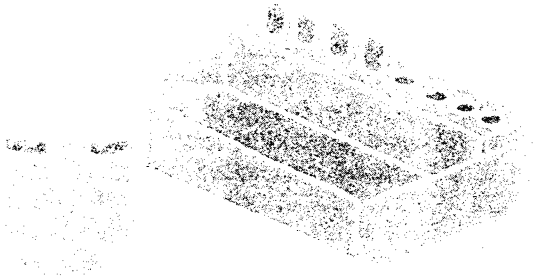
They may not be getting the relief they should.[2,3] They underdeliver their medication and their frustration can interfere with compliance.

You can help make sure patients like these get the dose of Ventolin you prescribed. Show them the Ventolin Rotacaps®/ Rotahaler® System.

The patient inserts a Ventolin Rotacap, twists the Rotahaler and inhales when ready. You can easily check to see if the dose is taken properly. So can the patient. Or a parent, to help monitor compliance.

Ask your Glaxo representative to show you how it works. Or call 1-800-668-6051 for information or to request a demonstration. The Ventolin Rotacaps/Rotahaler System. It's an easy way to inhale Canada's most widely prescribed bronchodilator.[4]

And it's catching on quickly.[4]

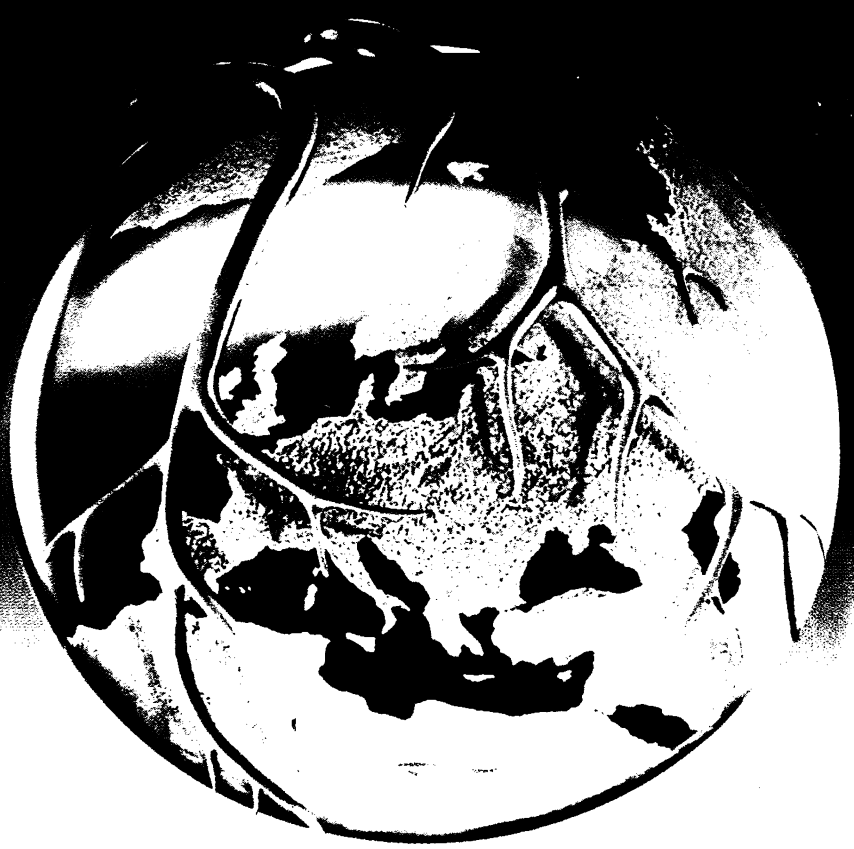


Ventolin Rotacaps

salbutamol sulfate powder

For prescribing information see page 165

Now...a landmark 5 year study with Lopid* (gemfibrozil) in more than 4,000 participants.



HDL: A deciding

*

(gemfibrozil)

OBJECTIVE

To investigate the effects of lipid regulation in a dyslipidemic middle-aged male population.

STUDY DESIGN

Double-blind, placebo-controlled, randomized 5-year study in 4,081 dyslipidemic males with similar abnormal lipid profiles and other high risk factors for coronary heart disease.

RESULTS

Lopid* (gemfibrozil) caused a marked increase in HDL cholesterol and persistent reductions in total cholesterol, LDL cholesterol and triglycerides.

Lopid's long-term safety profile confirmed.

Dosage: 600 mg b.i.d.

PARKE-DAVIS
Scarborough, Ontario M1L 2N3

PAAB CCOD RMAC

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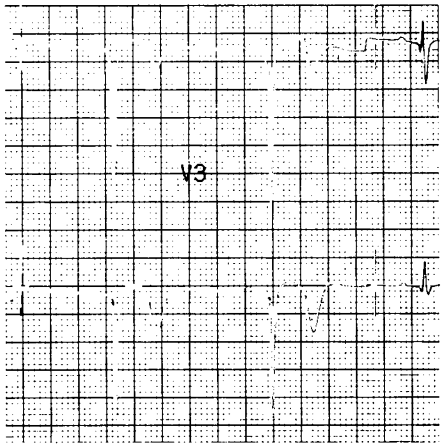
† New England Journal of Medicine 317:1237-1245 November 12, 1987

MORE CONFIDENCE IN ANTITHROMBOTIC THERAPY

New Guidelines for Antithrombotic Therapy In Cardiology Patients

The American College of Chest Physicians and the National Heart, Lung and Blood Institute recently issued new guidelines for antithrombotic therapy.[1] There were three Grade A and one Grade B recommendation for the use of warfarin (Coumadin®) in cardiology patients. In each of these (and other Grade A and B recommendations for Coumadin®) a PT ratio of 1.2-1.5 (rabbit brain) was emphasized for clinical efficacy and reduced side-effects risk.



INDICATION: **Cardioversion of atrial fibrillation.**

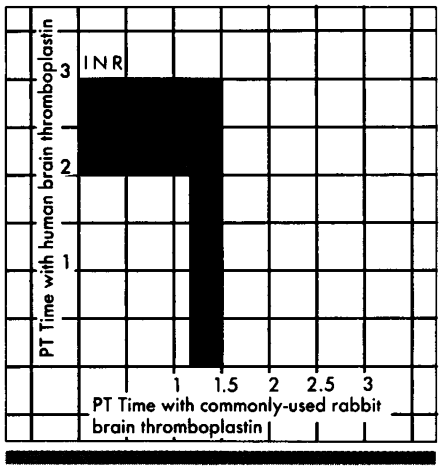
"... strongly recommended that warfarin therapy should be given for three weeks before elective cardioversion of patients who have been in atrial fibrillation for more than two days and be continued until normal sinus rhythm has been maintained for at least four weeks." (Grade B)

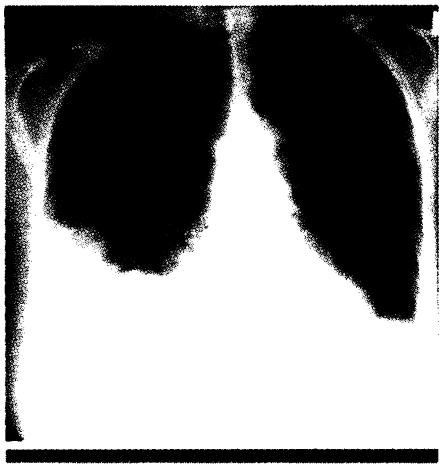
INDICATION: **Prevention of systemic embolism in acute myocardial infarction.**

"It is strongly recommended that patients with acute MI at increased risk of systemic embolism because of anterior transmural MI receive heparin therapy followed by warfarin therapy ..."

INDICATION: **Prophylaxis of venous thromboembolism.**

"It is strongly recommended that the therapeutic range for prophylaxis ... in high-risk medical or surgical patients should be equivalent to an INR of 2.0-3.0 (corresponding rabbit brain thromboplastin ratio 1.2-1.5)."





CONDITION: **Prophylaxis of venous thromboembolism.**

"It is recommended that anticoagulant therapy should be continued for three months using oral anticoagulants to prolong prothrombin time ..."

"We believe these recommendations will be of value to practicing physicians."

James E. Dalen, M.D., F.C.C.P.; Jack Hirsh, M.D., F.R.C.P.C.; Co-Chairmen: ACCP-NHLBI Conference on Antithrombotic Therapy

1. **Chest** 1986;89(2);1S-106S

COUMADIN®
(warfarin sodium)

for Antithrombotic Therapy
OF VALUE IN YOUR PRACTICE

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Mississauga, Ontario
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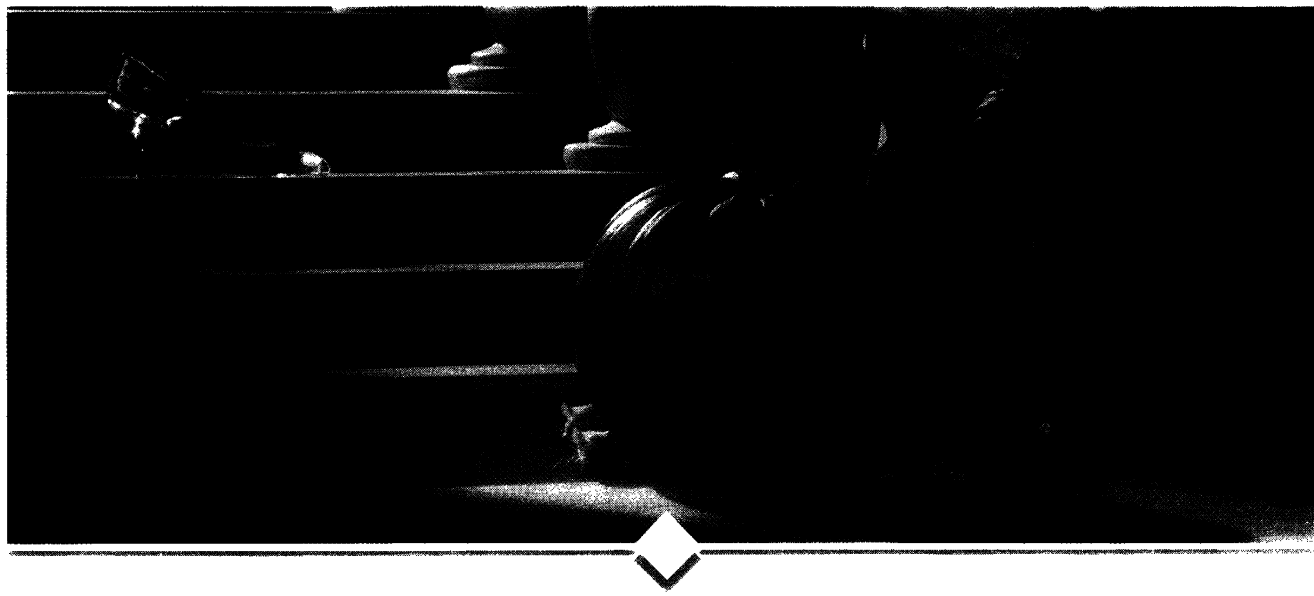
Can you count on antacids after midnight?



To be sure

SOON, GALLSTONES MAY BE GETTING THE SAME TREATMENT AS KIDNEY STONES.

Soon, the 20 million people suffering from gallstones may be getting new relief using a new treatment. One that's already helped over 300,000 kidney stone patients. Extracorporeal Shock Wave Lithotripsy.

Dornier introduced the first kidney stone lithotripter to America in 1984. And now, just three years later, our first lithotripter for gallstones is undergoing clinical evaluation.

This progress is evidence of our commitment to further utilizing ESWL technology, today and tomorrow.

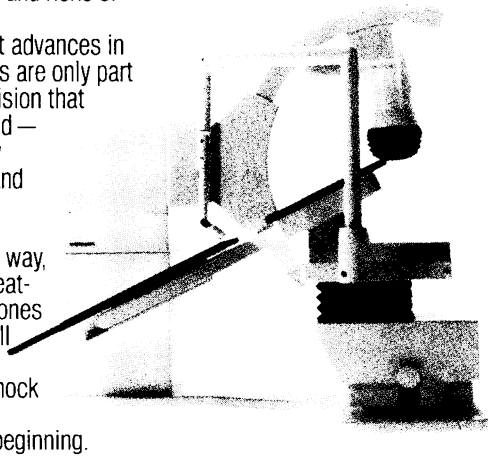
Since inventing the technique of shock wave lithotripsy, some 20 years ago, we have deliberately pursued our vision of its benefits. Its potential to spare the human body — and human beings — the pain and risks of surgery.

These latest advances in treating gallstones are only part of this vision. A vision that extends far beyond — into noninvasively treating tumors, and other internal disorders.

Seen in this way, the successful treatment of kidney stones and gallstones will not be the final achievement in shock wave lithotripsy.

Merely the beginning.

For more information, contact Dornier Medical Systems, 824 Livingston Court, Marietta, GA 30067. Or 1-800-DORNIER.



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DORNIER MEDICAL SYSTEMS

Striving for excellence . . .
Committed to a better future.

Simon says,

"Only one in twelve sufferers of incontinence seek medical help."[1]

The Simon Foundation is a non-profit organization dedicated to assisting sufferers of urinary incontinence. Since 1982, the Foundation has helped tens of thousands of Americans. Newly established in Canada, the first step is to make the medical community and public at large aware of the prevalence of incontinence.

Over one million Canadians have incontinence.

This year alone over 1,000,000 Canadians will suffer from incontinence or enuresis. Many never seek help! Fact: Forty to fifty percent of the population can expect to experience some form of incontinence during their lives! Fact: Of the non-institutionalized elderly who suffer incontinence, over half do not inform their physician! 1. Data on file, Simon Foundation.

Bringing incontinence out of the closet.

By encouraging people to seek medical help, the Simon Foundation brings incontinence out of the closet. You can help. As a physician, determine your patients' state of continence. Reassure them that incontinence can be managed. And let them know of the Simon Foundation.

Building a strong Foundation.

The efforts of the Simon Foundation are supported by concerned individuals and corporations. Overseeing these efforts is a board of directors made up of prominent members of the medical and public community. If you want to help or would like further information, please write to:

The Simon Foundation of Canada

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This ad is made possible by an educational grant from Norwich Eaton, distributors of Ditropan® (oxybutynin chloride).

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When Lactaid brand liquid enzyme and Lactaid dairy-treated milk were introduced only a few years back, they revolutionized the diets of untold thousands of lactose intolerants, who for the first time in years, or in their lives, could drink milk comfortably.

Now—the Lactaid lactase enzyme tablet —to take with any lactose-content food, drink or medication,*—means safe, effective in vivo lactose digestion—anywhere—any time. The success rate with lactose intolerants is 99% +. The gassiness, bloating and diarrhea can be eliminated.

Nutrition is vastly improved as is the quality of life.

A best buy for your patients in strength and cost, readily available everywhere. Lactaid—the pill—now.

For samples of Lactaid liquid enzyme and tablets, and professional and patient literature, write us or call TOLL-FREE: 800-387-5711 • Toronto area: 886-2489 • 9 AM to 4 PM Eastern Time Mon-Fri.

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*approximately 1,000 medications use lactose as a carrier. We have the list.

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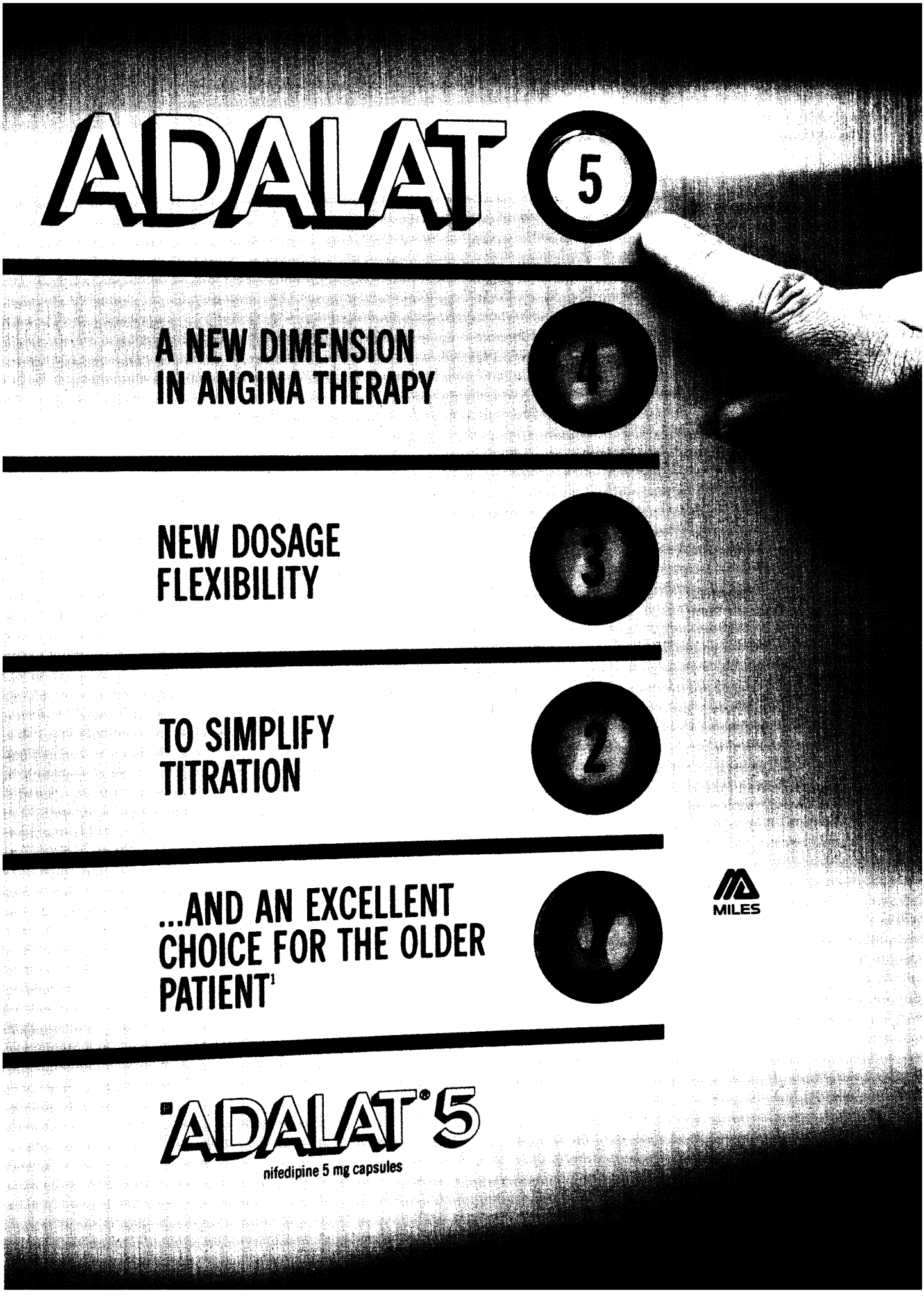
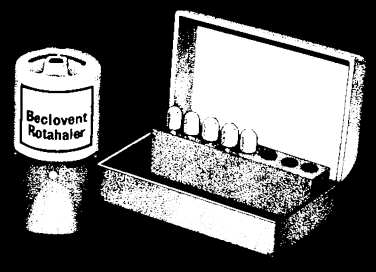
Lactaid® BRAND
An acknowledged answer to lactose intolerance.


ADALAT 5
A NEW DIMENSION IN ANGINA THERAPY
4
NEW DOSAGE FLEXIBILITY
3
TO SIMPLIFY TITRATION
2
...AND AN EXCELLENT CHOICE FOR THE OLDER PATIENT[1]
1
MILES
ADALAT® 5
nifedipine 5 mg capsules

Specialists say there are two parts to asthma: bronchospasm and


inflam

mation



BECLOVENT

Glaxo
Glaxo Canada Inc.

Pr BECLOVENT ROTACAPS®
BECLOVENT ROTAHALER®

Pr BECLOVENT® INHALER
Beclomethasone Dipropionate

Asthma Prophylaxis

Pharmacology: Beclomethasone dipropionate is a potent anti-inflammatory steroid with a strong topical and weak systemic activity. When inhaled at therapeutic doses it has a direct anti-inflammatory action on the bronchial mucosa. Since the minute amounts absorbed do not exert any significant systemic effect, inhaled beclomethasone dipropionate can replace oral steroids with the elimination of the untoward reactions of systemic therapy.

Effect on pituitary-adrenal function: In 13 volunteers, beclomethasone dipropionate aerosol 2 mg or oral doses up to 4 mg caused no significant plasma cortisol suppression, while orally given betamethasone and dexamethasone did.

Inhalation of beclomethasone dipropionate 1 to 4 mg/day for 4 weeks showed that the daily dose of 1 mg causes no significant adrenal suppression. At 2 mg/day, the results are equivocal and at 4 mg there is a clear evidence of adrenal suppression.

Indications: Treatment of steroid responsive bronchial asthma: in patients who in the past have not been on steroids, but the severity of their condition warrants such treatment; and in steroid dependent patients to replace or reduce oral medication through gradual withdrawal of systemic steroids.

Contraindications: Active or quiescent untreated pulmonary tuberculosis, or untreated fungal, bacterial and viral infections, and in children under 3 years of age. Status asthmaticus, and in patients with moderate to severe bronchiectasis.

Warnings: In patients previously on high doses of systemic steroids, transfer to beclomethasone dipropionate aerosol may cause withdrawal symptoms such as tiredness, aches and pains and depression. In severe cases, acute adrenal insufficiency may occur necessitating the temporary resumption of systemic steroids.

The development of pharyngeal and laryngeal candidiasis is cause of concern because the extent of its penetration of the respiratory tract is unknown. If candidiasis develops the treatment should be discontinued and appropriate antifungal therapy initiated.

The incidence of candidiasis can generally be held to a minimum by having patients rinse their mouth with water after each inhalation.

Precautions: It is essential that patients be informed that beclomethasone dipropionate aerosol is a preventive agent, must be taken at regular intervals, and is not to be used during an asthmatic attack. The replacement of a systemic steroid with beclomethasone dipropionate aerosol must be gradual and supervised carefully. Follow the guidelines under "Dosage" in all such cases. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Corticosteroids may mask some signs of infection and new infections may appear. A decreased resistance to localized infection has been observed during corticosteroid therapy. During long-term therapy, pituitary-adrenal function and hematological status should be periodically assessed. The application of therapy in children from 6 years upwards should depend on the ability of the individual child to learn the proper use of the Rotahaler. These children should be assisted or supervised by an adult during inhalation. There is an enhanced effect of corticosteroids on patients with hypothyroidism and in those with cirrhosis. Use ASA cautiously in conjunction with corticosteroids in hypoprothrombinemia. Advise patients to inform subsequent physicians of the prior use of corticosteroids. To ensure the proper dosage and administation of the drug, the patient should be instructed by a physician or other health professional in the use of the Rotahaler. Adequate oral hygiene is of primary importance in minimizing overgrowth of microorganisms such as C. albicans (see Dosage).

Adverse Effects: No major adverse effects attributable to the use of recommended doses of beclomethasone dipropionate have been reported when the daily dose was below 1 mg (20 puffs). Above this dose, reduction of plasma cortisol, indicating adrenocortical suppression, may occur. Therapeutic doses may cause the appearance of C. albicans in the mouth and throat. The incidence of candidiasis can vary between 0 and 43 percent, with an average of 15 percent. In children, the incidence of oropharyngeal candidiasis is lower than in adults. In some studies, an overgrowth of A. Niger has been found in conjunction with C. albicans.

The replacement of systemic steroids with beclomethasone dipropionate aerosol may unmask symptoms of allergies which were previously suppressed by the systemic drug. Conditions such as allergic rhinitis and eczema may thus become apparent during beclomethasone dipropionate therapy after the withdrawal of systemic corticosteroids.

Overdose: Symptoms and Treatment: Overdosage may cause systemic steroid effects such as adrenal suppression and hypercorticism. Decreasing the dose will abolish these side effects.

Dosage: The optimal dosage may vary widely and must be individually determined, but the total daily dose should not exceed 1 mg of beclomethasone dipropionate (20 puffs) or 5 Rotacaps 200μg.

Inhaler: Adults: The usual dose is 2 inhalations (100 μg) 3 to 4 times daily. If this dose is not sufficient, it can be doubled initially. As a maintenance dose, many patients do well on 2 inhalations daily.

Children: Insufficient information is available to warrant the safe use in children under 3 years of age. Children from 3 to 5: One inhalation twice daily, may be increased to 3 times. From 6 to 14 years: Two inhalations 2 to 3 times, may be increased to 4 times, not to exceed a daily total of 10 inhalations. Above 14 years: Adult dose.

Rotacaps: Adults: The usual dose is one 200 μg Rotacap 3 to 4 times daily. As a maintenance dose, many patients are doing well on 2 inhalations daily.

Children: There is insufficient clinical experience with Beclovent in children below 6 years of age. Children from 6 to 14 years of age can be started on one 100 μg Rotacap 2 to 3 times daily. The total daily dose should not exceed 500 μg of beclomethasone dipropionate. Above 14 years of age, the adult dose applies.

As a general rule, rinsing the mouth and gargling with water after each inhalation can help in preventing the occurence of candidiasis. Cleasing dentures has the same effect.

Important: As a steroid aerosol, beclomethasone dipropionate aerosol is for maintenance therapy. It is not intended to give immediate relief, and effectiveness depends both on regular use and proper technique of inhalation. Patients must be instructed to take the inhalations at regular intervals and not, as with bronchial aerosols, when they feel a need for relief of symptoms.

They should also be instructed of the correct method of use and attention should be called to the instruction sheet enclosed in the pack.

In the presence of excessive mucus secretion, the drug may fail to reach the bronchioles. Therefore, if an obvious response is not obtained after 10 days, attempts should be made to remove the mucus with expectorants and/or with a short course of systemic corticosteroid treatment.

Careful attention must be given to patients previously treated for prolonged periods with systemic corticosteroids, when transferred to beclomethasone dipropionate aerosol. Initially the aerosol and the systemic steroid must be given concomitantly while the dose of the latter is gradually decreased. The usual rate of withdrawal of the systemic steroid is the equivalent of 2.5 mg prednisone every 4 days in adults and every 8 days in children below 14, if the patient is under close observation.

Without continuous supervision, the withdrawal of the systemic steroid should be slower, 2.5 mg prednisone or equivalent every 10 days in adults and 20 days in children. If withdrawal symptoms occur, resume the previous dose of systemic drug for a week before further decrease is attempted. Under stressful conditions or when the patient has a severe exacerbation of asthma, after complete withdrawal of the systemic steroid, use of the latter must be resumed in order to avoid relative adrenocortical insufficiency. There are some patients who cannot completely discontinue the oral corticosteroid. In these cases, a minimum maintenance dose should be given in addition to beclomethasone dipropionate aerosol.

Supplied: Inhaler: A metered dose aerosol delivering 50 μg of beclomethasone dipropionate with each depression of the valve. Available in 200 dose containers. A special pack is available to hospitals only. It contains 1 x 200 dose plus 3 actuators.

Rotacaps: Each Rotacap contains: 100 μg (buff-colored) or 200 μg (brown) microfine beclomethasone dipropionate and larger particle lactose in gelatin capsules. Polypropylene screwcap containers of 100.

Rotahaler: The contents of the Rotacaps are inhaled using a device called Beclovent Rotahaler which separates the capsule into halves and releases the drug, when the patient inhales, by breath actuation.

The Beclovent Rotahaler is available separately from the Rotacaps in a plastic box held in a carton.

References: 1. Reed, C.E. New therapeutic approaches in asthma. J. Allergy Clin. Immunol. April 1986; 77 (4); pg 537-543. 2. Rebuck, A. and Chapman, K. Asthma: 1. Patho-physiologic features and evaluation of severity. CMAJ, February 15, 1987; 136: 351-354. 3. Rebuck, A. and Chapman, K. Asthma: 2. Trends in pharmacologic therapy. CMAJ, March 1, 1987; 136: 483-488. 4. Data on File, Glaxo Canada Inc. 5. Broder, I. *et al.* Safety and efficacy of long term treatment with inhaled beclomethasone dipropionate in steroid-dependent asthma. CMAJ, January 15, 1987; 136: 129-135. 6. Godfrey, S. *et al.* A three to five year follow-up of the use of the aerosol steroid, beclomethasone dipropionate, in childhood asthma. J. Allergy Clin. Immunol. December 1978; 62 (6): 335-339.

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We've got 30 million of them.

Zantac has 30 000 000 ... stomachs to its credit ... its proving ground, comparatively few significant side-effects and no significant drug interactions have shown up ... showing up time and

... helping patients ... safely, quickly ... Zantac ... substitute

For acute bronchospasm in asthma and C.O.P.D.

Atrovent Solution plus a beta$_2$ agonist solution provides added and prolonged bronchodilation.

Stimulation of beta$_2$ receptors and the inhibition of the parasympathetic nervous system both play an important role toward achieving maximal bronchodilation.[1,2,3,4,5]

Use in children

A Canadian pediatric study found that: "... inhaled ipratropium (Atrovent® Solution) produces a significant additional increase in FEV$_1$ after maximum effect from salbutamol has been reached."[4]

To maximize bronchodilation ...

Combine Atrovent® Solution with the standard dose of a beta$_2$ agonist solution in each nebulized dose.

Dosage:
Adults: 250-500 µg (1-2 mL) q4h-q6h
Children: 125-250 µg (0.5-1 mL) q4h-q6h

Pr®

SOLUTION

ipratropium bromide inhalation solution 0.025%

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